



*The Hobart Hebrew Congregation is an inclusive congregation for all people in Tasmania who are halachically Jewish and all converts to Judaism who have been converted through a recognised rabbinical Beth Din. Although an affiliate of the Union for Progressive Judaism, it is not exclusively aligned with any particular stream of Judaism, and its Board and membership are made up of Jews who come from a variety of backgrounds and Jewish practice. The congregation welcomes this diversity and values the contribution of all its members equally.*

**Application for membership of the Hobart Hebrew Congregation**

**Application for:** 1 Person  Family Group  Full-time Student

**Adult 1**

Surname: ..... Given names: .....

Date of birth: ..... Place of birth: .....

Hebrew name including *ben/bat* (name of parents) if known:

.....

**Address:**

.....  
.....

**Are you (tick if relevant to you)**

Levi? Cohen? Israel?

**Phone number(s):** .....

**Email Address for correspondence:** .....

Evidence of Jewish identity

(eg name & phone number of organisation or person who knows you attach copy of marriage/bar/batmitzvah documents.)

.....

**Adult 2**

Surname: ..... Given names: .....

Date of birth: ..... Place of birth: .....

Hebrew name including *ben/bat* (name of parents) if known:

.....

**Phone number(s):**

.....  
.....

**Are you (tick if relevant to you)**

Levi? Cohen? Israel?

**Email Address for correspondence:** .....

Evidence of Jewish identity

(eg name & phone number of organisation or person who knows you attach copy of marriage/bar/batmitzvah documents.)

*(Please continue over page)*



**Child 1**

Given names: .....

Child 1 Hebrew name (if known): .....

Date of birth: .....

**Child 2**

Given names: .....

Child 2 Hebrew name (if known): .....

Date of birth: .....

**Child 3**

Given names: .....

Child 3 Hebrew name (if known): .....

Date of birth: .....

**Additional Children** – Please attach a separate paper with details of your other children

**Details of any family member yahrzeits that you would like observed in services:**

(Please attach separate paper with details if more than two family members)

| Name of family member | Date of yahrzeit<br>(Jewish if preferred or secular) |
|-----------------------|--|
| .....                 | .....  |
| .....                 | .....  |

**Signature**..... **Date**.....